

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 - 0 0 2

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~XXXXXX~~ 2/7/03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA Sec. 1905(p)(2)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 1 to Att. 2.6A pg 6 (03-02)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supp. 1 to Att. 2.6A pg 6 (02-17)

Vermont (03-002)
approved: 05/15/03
effective: 02/07/03

10. SUBJECT OF AMENDMENT:

Update income eligibility levels for Qualified Medicare Beneficiaries (QMB) effective ~~XXXXXX~~

2/7/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:*Secretary of Administration*

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

~~XXXXXXXXXX~~ Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

3/26/03

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 27, 2003

18. DATE APPROVED:

May 15, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 7, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard R. McGreal

21. TYPED NAME:

Richard R. McGreal

22. TITLE:

Acting Associate Regional Administrator, DMCH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1989: ☐ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1 1992: 100 percent

b. Poverty Levels:

<u>Family Size</u>	<u>Income Levels</u>
<u>1</u>	\$ <u>749</u>
<u>2</u>	\$ <u>1,010</u>

TN No. 03-02
Supersedes
TN No. 02-17

Approval Date 05/15/03 Effective Date 2/7/03

HCFA ID: 7985E